

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 700 91983 FILING DATE
							APPLICANT(S)
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							31
2							32
3							33
4							34
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50							
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS